

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

09/980266

APPLICANT'S

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.	4	1	4	1	4	1
TOTAL DEP.	18	15	15	15	15	15
TOTAL CLAIMS	22	16	19	16	19	16

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS